



CITY OF WILLARD

PUBLIC WORKS DEPARTMENT
P. O. BOX 367, WILLARD, OH 44890-0367
PHONE 419-935-6555 • FAX 419-933-4545
WWW.WILLARDOHIO.GOV

DEMOLITION PERMIT

Office Use Only
Fee: _____
Date: _____
Site Visit: _____
Revised: Nov. 20, 2023

PROJECT ADDRESS _____ City, State Zip Willard, Ohio 44890

OWNER: _____ Phone _____

Address _____ City, State Zip _____

Email: _____

ENGINEER/CONTRACTOR: _____ Phone _____

Address _____ City, State Zip _____

Email: _____

Building Use: Residential Commercial Industrial

PERMIT REQUEST:

- FIRE DAMAGE DEMOLITION - \$30.00
- HOME OR BUSINESS NON FIRE RELATED DEMOLITION - \$30.00
- ACCESSORY STRUCTURE / OTHER DEMOLITION - \$20.00

DEMOLITION METHOD AND EQUIPMENT: _____

INCLUDE IN YOUR DEMOLITION PLAN SUBMISSION:

1. SITE PLAN SHOWING WHAT STRUCTURES WILL BE DEMO'D (Include drives and sidewalk if applicable)
2. DESCRIBE FOUNDATION REMOVAL, WHAT WILL BE PUT BACK, AND SEEDING INFO (If applicable)
3. DESCRIBE UTILITY DISCONNECTIONS (Utilities should be disconnected at the property line and marked)
4. DETAIL SAFETY PRECAUTIONS (Limiting access to the site – i.e. fence, spraying water while demo'ing)
5. LIST WHERE MATERIALS WILL BE DUMPED
6. INCLUDE ASBESTOS REMOVAL PLAN (If applicable)
7. DOES EPA REQUIRE A PERMIT (Hazardous Materials)

VALUE OF WORK BEING DONE \$ _____

I hereby certify that I have read and examined this application and know the information to be true and correct. All provisions of the City of Willard's Ordinance will be complied with. The granting of a permit does not presume to give authority to violate or cancel the provisions of the City of Willard Ordinance or other governing regulations.

SIGNATURE OF CONTRACTOR/OWNER OR AUTHORIZED AGENT

DATE